

## Article - Health Occupations

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§8-6C-02.

(a) The practice of direct-entry midwifery includes:

(1) Providing the necessary supervision, care, and advice to a patient during a low-risk pregnancy, labor, delivery, and postpartum period; and

(2) Newborn care authorized under this subtitle that is provided in a manner that is:

(i) Consistent with national direct-entry midwifery standards; and

(ii) Based on the acquisition of clinical skills necessary for the care of pregnant women and newborns, including antepartum, intrapartum, and postpartum care.

(b) The practice of direct-entry midwifery also includes:

(1) Obtaining informed consent to provide services to the patient;

(2) Discussing:

(i) Any general risk factors associated with the services to be provided;

(ii) Any specific risk factors pertaining to the health and circumstances of the individual patient;

(iii) Conditions that preclude care by a licensed direct-entry midwife; and

(iv) The conditions under which consultation, transfer of care, or transport of the patient must be implemented;

(3) Obtaining a health history of the patient and performing a physical examination;

(4) Developing a written plan of care specific to the patient, to ensure continuity of care throughout the antepartum, intrapartum, and postpartum periods, that includes:

(i) A plan for the management of any specific risk factors pertaining to the individual health and circumstances of the individual patient; and

(ii) A plan to be followed in the event of an emergency, including a plan for transportation;

(5) Evaluating the results of patient care;

(6) Consulting and collaborating with a health care practitioner regarding the care of a patient, and referring and transferring care to a health care provider, as required;

(7) Referral of all patients, within 72 hours after delivery, to a pediatric health care practitioner for care of the newborn;

(8) As approved by the Board:

(i) Obtaining and administering medications; and

(ii) Obtaining and using equipment and devices;

(9) Obtaining appropriate screening and testing, including laboratory tests, urinalysis, and ultrasound;

(10) Providing prenatal care during the antepartum period, with consultation or referral as required;

(11) Providing care during the intrapartum period, including:

(i) Monitoring and evaluating the condition of the patient and fetus;

(ii) At the onset of active labor notifying the pediatric health care practitioner that delivery is imminent;

(iii) Performing emergency procedures, including:

1. Administering approved medications;

2. Administering intravenous fluids for stabilization;

3. Performing an emergency episiotomy; and
  4. Providing care while on the way to a hospital under circumstances in which emergency medical services have not been activated;
- and
- (iv) Activating emergency medical services for an emergency;
  - (v) Delivering in an out-of-hospital setting;
- (12) Participating in peer review as required under § 8-6C-18(e)(2) of this subtitle;
- (13) Providing care during the postpartum period, including:
- (i) Suturing of first and second degree perineal or labial lacerations, or suturing of an episiotomy with the administration of a local anesthetic; and
  - (ii) Making further contact with the patient within 48 hours, within 2 weeks, and at 6 weeks after the delivery to assess for hemorrhage, preeclampsia, thrombo-embolism, infection, and emotional well-being;
- (14) Providing routine care for the newborn for up to 72 hours after delivery, exclusive of administering immunizations, including:
- (i) Immediate care at birth, including resuscitating as needed, performing a newborn examination, and administering intramuscular vitamin K and eye ointment for prevention of ophthalmia neonatorum;
  - (ii) Assessing newborn feeding and hydration;
  - (iii) Performing metabolic screening and reporting on the screening in accordance with the regulations related to newborn screenings that are adopted by the Department;
  - (iv) Performing critical congenital heart disease screening and reporting on the screening in accordance with the regulations related to newborn screenings that are adopted by the Department;
  - (v) If unable to perform the screening required under item (iii) or (iv) of this item, referring the newborn to a pediatric health care practitioner to perform the screening within 24 to 48 hours after delivery; and

(vi) Referring the infant to an audiologist for a hearing screening in accordance with the regulations related to newborn screenings that are adopted by the Department;

(15) Within 24 hours after delivery, notifying a pediatric health care practitioner of the delivery;

(16) Within 72 hours after delivery:

(i) Transferring health records to the pediatric health care practitioner, including documentation of the performance of the screenings required under item (14)(iii) and (iv) of this subsection; and

(ii) Referring the newborn to a pediatric health care practitioner;

(17) Providing the following care of the newborn beyond the first 72 hours after delivery:

(i) Weight checks and general observation of the newborn's activity, with abnormal findings communicated to the newborn's pediatric health care practitioner;

(ii) Assessment of newborn feeding and hydration; and

(iii) Breastfeeding support and counseling; and

(18) Providing limited services to the patient after the postpartum period, including:

(i) Breastfeeding support and counseling; and

(ii) Counseling and referral for all family planning methods.

(c) The practice of direct-entry midwifery does not include:

(1) Pharmacological induction or augmentation of labor or artificial rupture of membranes prior to the onset of labor;

(2) Surgical delivery or any surgery except an emergency episiotomy;

(3) Use of forceps or vacuum extractor;

(4) Except for the administration of a local anesthetic, administration of an anesthetic;

(5) Administration of any kind of narcotic analgesic; or

(6) Administration of any prescription medication in a manner that violates this subtitle.

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